

TYPE 8

**INDEPENDENT EXPENDITURE COMMITTEE
CAMPAIGN FINANCE REGISTRATION FORM**

NEW YORK STATE BOARD OF ELECTIONS

Section 14-100(15), 14-107, 14-112 and 14-118 of NYS Election Law

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES IN INK AND BE COMPLETED IN FULL

Check the box that applies:

☒ New Registration☐ Amended Registration (Provide Filer ID#): _____A. COMMITTEE NAME: UPSTATE JOBS COMMITTEE

For Acronyms (See instructions): _____

B. TREASURER:

Full Name: MARY LOU HERRINGSHAWResidential Address (No P.O. Box): 257 LOWER PARADISE RD Apartment #: _____City or Town: LITTLE FALLS State: NY Zip: 13365Mailing Address (P.O. Box allowed): 245 RASBACH RD Apartment #: _____City or Town: LITTLE FALLS State: NY Zip: 13365Social Security Number (Optional): _____ Email: MARYLOU@UVC.ORGTelephone: Home: _____ Business: 315-823-2682 Cell: 315-868-6368Occupation: EXECUTIVE ASSISTANTName of Employer: UPSTATE VENTURE CONNECT CORPORATION

C. DEPOSITORY/BANK:

Name: BANK OF AMERICAAddress: 500 STATE STCity or Town: SCHENECTADY State: NY Zip: 12305

D. CANDIDATE(S) TO BE SUPPORTED OR OPPOSED (Attach additional sheets if necessary):

ELECTION YEAR	OFFICE/DISTRICT	CANDIDATE FULL NAME	SUPPORT/OPPOSE
1. <u>2017</u>	<u>MAYOR/SYRACUSE</u>	<u>BEN WALSH</u>	<u>SUPPORT</u>
2. _____	_____	_____	_____
3. _____	_____	_____	_____

E. BALLOT ISSUE(S) (Attach additional sheets if necessary):

	SUPPORT/OPPOSE
1. _____	_____
2. _____	_____

F. PERSON(S) OTHER THAN TREASURER AUTHORIZED TO SIGN CHECKS (Attach additional sheets if necessary):

Full Name: _____

Residential Address (No P.O. Box): _____ Apartment #: _____

City or Town: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Signature: _____

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(type 8/1E)

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Board of Elections

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(Type 8/IE)**G. LIST REQUIRED INDIVIDUAL(S) / ENTITY / ENTITIES AND INDICATE THE CATEGORY OR CATEGORIES FOR EACH:**

(Attach additional sheets if necessary):

CATEGORIES:

1. Check box 1 if this committee is an individual, provide the required information as listed.
2. Check box 2 if the committee is an entity, provide the name, employer, and any related information of any individual who exerts operational or managerial influence or control over the entity.
3. Check box 3 if the committee is an entity, provide the name, employer and related information of any salaried employee of the committee.
4. Check box 4 for those individuals who have been identified in categories 1, 2 or 3 who have, during the two year period before filing, been employed or retained as a political, media or fundraising advisor or consultant for a candidate, any entity directly controlled by a candidate, or any party or constituted committee or have held a formal position in the office of a candidate's elected office, or any party or constituted committee, and provide the name and address of the relevant employer or retaining entity. If more than one relevant employer or retaining entity, attach additional sheets with names and addresses. For each such employer or retaining entity listed for the two year period, provide the basis for listing them on the "Reason" line provided.
5. Check box 5 for those individuals who have been identified in categories 1, 2 or 3 who are members of a candidate's immediate family (spouse, child, grandparent, brother, half-brother, sister, half-sister of the candidate and spouses of these individuals).

Full Name: MARTIN BABINEC Occupation: INVESTORRes. Address: 28 WAVERLY PL, LITTLE FALLS, NY 13365Current Employer: SELF EMPLOYEDCurrent Employer Address: 28 WAVERLY PL, LITTLE FALLS, NY 13365

Check appropriate category: [] 1 [X] 2 [] 3 [] 4* [] 5

*If you checked box 4, provide relevant employer or retaining entity name and address:

Name: _____ Name: _____

Address: _____ Address: _____

Reason: _____ Reason: _____

Full Name: JOHN BULLIS Occupation: RETIREDRes. Address: 245 RASBACH RD, LITTLE FALLS, NY 13365Current Employer: N/ACurrent Employer Address: N/A

Check appropriate category: [] 1 [X] 2 [] 3 [] 4* [] 5

*If you checked box 4, provide relevant employer or retaining entity name and address:

Name: _____ Name: _____

Address: _____ Address: _____

Reason: _____ Reason: _____

State Board of Elections

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(type 8/TE)

Full Name: _____ Occupation: _____

Res. Address: _____

Current Employer: _____

Current Employer Address: _____

Check appropriate category: [] 1 [] 2 [] 3 [] 4* [] 5

*If you checked box 4, provide relevant employer or retaining entity name and address:

Name: _____

Name: _____

Address: _____

Address: _____

Reason: _____

Reason: _____

Full Name: _____ Occupation: _____

Res. Address: _____

Current Employer: _____

Current Employer Address: _____

Check appropriate category: [] 1 [] 2 [] 3 [] 4* [] 5

*If you checked box 4, provide relevant employer or retaining entity name and address:

Name: _____

Name: _____

Address: _____

Address: _____

Reason: _____

Reason: _____

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The committee is hereby notifying the New York State Board of Elections that it intends to make independent expenditures, pursuant to Election Law 14-107, and will make all required disclosures.

Pursuant to Election Law 14-112, no candidate listed in Section D of this form has authorized the activities of this committee.

VERIFICATION STATEMENT BY TREASURER

I swear or affirm that the information contained herein is in all respects true and complete to the best of my knowledge, information and belief.

Sworn to before me this 25th dayof October, 2017Niamh Miller
(Notary Public or Commissioner of Deeds)ANDRILLA KIRA M
Notary Public, State of New York
Registration No. 01AN6192322
Qualified in Herkimer County
Commission Expires 8/28/20

CF-02 - Type 8, 1E 10/16 V.2

William P. Springfield
Signature of Committee Treasurer257 LOWER PARADISE RD
Residential AddressLITTLE FALLS, NY 13365315-823-2682
Contact Phone Number10/27/17

APR-27-18 11:21 AM

UPSTATE JOBS COMMITTEE
Treasurer: MARY LOU HERRINGSHAW

Page 1 of 3

NYS BOARD OF ELECTIONS FINANCIAL DISCLOSURE REPORT

Filer ID: A22020 2017 27 DAY POST GENERAL SCHEDULE: A INDIVIDUAL/PARTNERSHIPS
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CONTRIBUTION CODE: IND

DATE	NAME	Address	CHECK NO.	AMOUNT	EXPLANATION	RECORD DATE
11/01/17	MARTIN BABINEC	28 WAVERLY PLACE LITTLE FALLS NY 13365	WXF	\$25,000.00	CONTRIBUTION	DEC-04-17
NO. of TRANSACTIONS: 1				TOTAL:	\$25,000.00	

Filer ID: A22020 2017 27 DAY POST GENERAL

APR-27-18 11:21 AM

UPSTATE JOBS COMMITTEE
Treasurer: MARY LOU HERRINGSHAW

Page 2 of 3

NYS BOARD OF ELECTIONS FINANCIAL DISCLOSURE REPORT

Filer ID: A22020 2017 27 DAY POST GENERAL SCHEDULE: F EXPENDITURES/PAYMENTS

DATE	NAME	Address		CHECK NO.	AMOUNT	PURPOSE	EXPLANATION	RECORD DATE
11/02/17	BANK OF AMERICA	500 STATE ST	SCHENECTADY NY 12305	WXF	\$15.00	BKFEE		DEC-04-17
11/02/17	SPECTRUM MARKETING COMPANIES	95 EDDY RD STE 102	MANCHESTER NH 03102	WXF	\$2,525.73	OTHER	PRINTING/POSTAGE FOR MAILERS TO SUPPORT BEN WALSH FOR SYRACUSE MAYOR	DEC-04-17
11/02/17	SPECTRUM MARKETING COMPANIES	95 EDDY RD STE 101	MANCHESTER NH 03102	WXF	\$5,358.26	OTHER	PRINTING/POSTAGE FOR MAILERS TO SUPPORT BEN WALSH FOR SYRACUSE MAYOR	DEC-04-17
11/02/17	SPECTRUM MARKETING COMPANIES	95 EDDY RD STE 101	MANCHESTER NH 03102	WXF	\$5,358.26	OTHER	PRINTING/POSTAGE FOR MAILERS TO SUPPORT BEN WALSH FOR SYRACUSE MAYOR	DEC-04-17
11/02/17	SPECTRUM MARKETING COMPANIES	95 EDDY RD STE 101	MANCHESTER NH 03102	WXF	\$2,832.53	OTHER	PRINTING/POSTAGE FOR MAILERS TO SUPPORT BEN WALSH FOR SYRACUSE MAYOR	DEC-04-17
11/06/17	THE CASALE GROUP	25 CHESTNUT ST	COOPERSTOWN NY 13326	CHK991	\$6,000.00	OTHER	DIGITAL MEDIA TO SUPPORT BEN WALSH FOR SYRACUSE MAYOR	DEC-04-17
NO. of TRANSACTIONS: 6					TOTAL:	\$22,089.78		

Filer ID: A22020 2017 27 DAY POST GENERAL

APR-27-18 11:21 AM

UPSTATE JOBS COMMITTEE
Treasurer: MARY LOU HERRINGSHAW

Page 3 of 3

OPENING BALANCE	\$0.00
CONTRIBUTIONS	\$25,000.00
MISC RECEIPTS	\$0.00
 TOTAL RECEIPTS	<u>\$25,000.00</u>
 TOTAL EXPENSES	<u>\$22,089.78</u>
 BALANCE	\$2,910.22

Filer ID: A22020 2017 27 DAY POST GENERAL SUMMARY